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Bib Data Sheet

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| SERIAL NUMBER 10/688,214 | FILING OR 371(c) DATE 10/15/2003 RULE | CLASS 607 | GROUP ART UNIT 3762 | ATTORNEY DOCKET NO. 011738.00137 |
| APPLICANTS Ivan Osorio, Leawood, KS; Naresh C. Bhavaraju, Mission, KS; David L. Carlson, Fridley, MN; Randy M. Jensen, Hampton, MN; | | | | |
| ** CONTINUING DATA ***** This appln claims benefit of 60/504,447 09/19/2003 and claims benefit of 60/418,609 10/15/2002 | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 01/22/2004 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged | | STATE OR COUNTRY KS | SHEETS DRAWING 33 | TOTAL CLAIMS 23 |
| INDEPENDENT CLAIMS 2 | | | | |
| EXAMINER'S SIGNATURE _____ INITIALS _____ | | | | |
| ADDRESS 22908 | | | | |
| TITLE CYCLE MODE PROVIDING REDUNDANT BACK-UP TO ENSURE TERMINATION OF TREATMENT THERAPY IN A MEDICAL DEVICE SYSTEM | | | | |
| FILING FEE RECEIVED 954 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |